



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

Telephone (225) 925-6496
Facsimile (225) 925-6499
Website: www.pharmacy.la.gov
Email: info@pharmacy.la.gov

Application for Louisiana Pharmacist License By Reciprocity

Qualification for Pharmacist Licensure by Reciprocity (LA R.S. 37:1203):

- A. In order for a pharmacist currently licensed in another jurisdiction to obtain a license as a pharmacist by reciprocity in this state, the applicant shall:
- 1) Have attained the age of twenty-one years.
 - 2) Have good moral character and be of temperate habits.
 - 3) Have possessed at the time of initial licensure as a pharmacist all qualifications necessary to have been eligible for licensure at that time in this state.
 - 4) Have engaged in the practice of pharmacy for a period of at least one year or have met the internship requirements of this state within the one year period immediately previous to the date of such application.
 - 5) Have submitted a written application in the form prescribed by the Board.
 - 6) Have presented to the Board evidence of initial licensure by examination and evidence that such license is in good standing.
 - 7) Have presented to the Board evidence of any disciplinary, criminal, or other adverse action, including arrests, taken against him by another licensing jurisdiction, government agency, law enforcement agency, or court. Such action may serve as grounds for the denial of reciprocity to an applicant.
 - 8) Have paid the fees specified by the Board to defray the expenses of making an investigation of his character, general reputation, and licensure status in the state in which he has resided.
 - 9) Have passed all examinations required by the Board.
- B. No applicant shall be eligible for licensure by reciprocity unless the state or jurisdiction in which the applicant was initially licensed as a pharmacist also grants reciprocity to a pharmacist duly licensed by examination in this state, under comparable circumstances and conditions.

Before proceeding further, please take note of the following:

- To receive a Louisiana pharmacist license by reciprocity, an applicant must have been engaged in the practice of pharmacy as a licensed pharmacist a minimum of one (1) year.
- An applicant may only reciprocate from an active original license acquired by examination.
(Note: Louisiana does not reciprocate with the state of California nor from any state where licensure was obtained by Score Transfer from California.)
- An applicant may not practice or represent himself as a pharmacist in Louisiana until he has received a Louisiana pharmacist license. Louisiana does not issue temporary credentials.
- A pharmacist license issued by any other jurisdiction is not valid for practice in Louisiana.
- **FOREIGN GRADUATES** must provide to the Louisiana Board of Pharmacy a copy of NABP's FPGEC Certificate which indicates you have successfully completed all required NABP foreign graduate examinations.



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Procedures to Obtain a Louisiana Pharmacist License by Reciprocity

Step 1 of 4 – The following items must be submitted to the address identified.

I. National Association of Boards of Pharmacy (NABP)

1600 Feehanville Dr., Mt. Prospect, IL 60056

NABP Preliminary Application for Transfer of Pharmaceutic Licensure (available at www.nabp.net - select "Licensure Programs.") You may complete the application online. Please refer to NABP for application fees.

II. Louisiana Board of Pharmacy

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- 1) Application for Louisiana Pharmacist License by Reciprocity (available at Board's website, www.pharmacy.la.gov)
- 2) NABP Official Application for Transfer of Pharmaceutic Licensure to the state of Louisiana (will be mailed to you by NABP after NABP has processed your Preliminary Application)
- 3) \$450.00 application fee payable to Louisiana Board of Pharmacy (personal check, business check, money order, bank draft, or certified check only)
- 4) Legible copy of birth certificate

NOTE:

- If your birth certificate is in a language other than English, you must also provide a translated copy
 - If the name on your application differs from that on your birth certificate, you must provide documentation to confirm the change (marriage license, marriage certificate, adoption papers, or court judgment). A driver's license or social security card will not be accepted as proof.
- 5) Foreign Pharmacy Graduates must provide a copy of their FPGEC Certificate

NOTE: Items 1 and 2 may be submitted separately in order to begin step 3. However, both items must be received before an Authorization to Test will be released (Step 2).

Step 2 of 4 – Multistate Pharmacy Jurisprudence Examination (MPJE)

Exam Registration:

- Candidates must register online at NABP's website, www.nabp.net. Please refer to NABP for registration fees.
- A passing score of 75 is required for licensure by reciprocity.
- The complete MPJE Registration Bulletin containing examination procedures can also be found on NABP's web site, www.nabp.net, under the menu "Examinations."
- Applicants will not be eligible to sit for this exam until all items listed under Step 1 have been received and accepted.
- **Again, criminal history results ARE NOT required to be eligible to take the exam.**

Study Material:

- The Louisiana MPJE tests your knowledge of Federal and Louisiana pharmacy and drug laws and rules.
- An electronic version of the Louisiana Pharmacy Law Book can be accessed on the Board's website at www.pharmacy.la.gov, under the *Laws & Rules* link.
- A printed copy of the Louisiana Pharmacy Law Book may be purchased for \$40.00. A product order form for that purpose is available on the website, under the *Forms & Applications* (General Use) link.



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Procedures to Obtain a Louisiana Pharmacist License by Reciprocity (continued)

Authorization to Test (ATT):

- Once your registration form has been processed and NABP has verified your eligibility to sit for the exam, you will receive an **Authorization to Test (ATT)**.
- The ATT is the document that will allow you to contact a testing center and schedule an appointment to take the exam.
- **You are not required to travel to Louisiana to take this examination.**
- Please read the MPJE Registration Bulletin for more information regarding testing locations.
- Exam results are posted on the NABP website; please contact NABP for those procedures. Please do not call the Board office for exam scores; confidentiality rules prohibit verbal disclosure of exam scores.

Step 3 of 4 – Criminal Background Check (CBC)

- Upon receipt of your completed application for pharmacist license and/or NABP's Official Application, you will be mailed materials which must be completed for a required criminal background check.
- You must complete the package the Board mails to you and return these materials directly to the Board office. Reports generated by any other agency cannot be accepted.
- Processing of these materials averages 6-8 weeks; therefore, it is important that you return the fingerprint materials as soon as possible.
- Although it is possible to be scheduled for the final step – a personal interview in the Board office – before we receive the results of the criminal history record check, we cannot issue the license until the results are received and reviewed in the Board office.
- **Criminal history results are not required to be eligible to take the exam (Step 2).**

Step 4 of 4 – In-Person Interview with Board's Reciprocity Committee

- Once all steps identified above have been successfully accomplished, you will be contacted by Board staff to schedule a personal interview with the Board's Reciprocity Committee. Therefore, it is important to maintain current contact information with the Board office. Any updates to your contact information must be made in writing within 10 days of the change.
- The interview, as well as the in-person method, is required; no exceptions are permitted.
- Scheduled meetings of the Reciprocity Committee occur during the February, May, August, and November Board meetings of each year. All meetings are held at the Board office in Baton Rouge.
 - **Note:** Occasionally, other committees of the Board will schedule meetings at various times throughout the year. If a member of the Reciprocity Committee is also a member of one of those committees and is able to conduct your interview during one of these meetings, you will be contacted with the additional option(s).

Other Important Information

Defaulted Student Loans and Child Support payments (To be verified by Board staff)

- The Board of Pharmacy is prohibited by law from issuing or renewing any license of an individual who is in default of student loan(s) or child support payments.
- Your name, social security number and date of birth will be submitted to the appropriate agencies by the Board office to ensure the absence of any delinquent payments.



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INSTRUCTIONS

- 1) Legibly print or type all information except your signature.
- 2) Attach a legible copy of your birth certificate, passport, or naturalization papers.
- 3) Attach required fee of \$450.00 payable to Louisiana Board of Pharmacy.
- 4) Foreign pharmacist graduates must attach a copy of the FPGE.

Fee:

\$450 Application
Fee Required

This Application shall expire one year after the date of receipt in the board office. You may not practice or assist in the practice of pharmacy within the state of Louisiana until you have been granted a Louisiana Pharmacist license. Pharmacist licenses expire December 31st of every year regardless of date issued.

SECTION 1 – PERSONAL INFORMATION

CURRENT LEGAL NAME (Note: This is the name under which your pharmacist license will be issued.)			
Full First Name:	Full Middle Name:	Full Last Name:	Suffix (Jr, Sr, III, IV, etc.):
List ALL Other Names Under which You Have Ever Been Known By (Maiden, Married etc.)			
Social Security Number:		Date of Birth (MM/DD/YYYY):	
Present Age:	Place of Birth (City & State/Country):	Gender:	Ethnicity:

SECTION 2 – CONTACT INFORMATION

Mailing Address (Enter only one address. This should be the address where you receive your mail):			
City:	State:	Zip:	Parish or County of Residence:
E-mail Address:			
Home Telephone, incl A/C:	Work Telephone, incl A/C:	Other Telephone, incl A/C:	

This space is for Louisiana Board of Pharmacy Use ONLY

Check/Money Order No.: _____
MPJE Result: _____ Date of MPJE: _____
Date of Interview: _____
Appv'd for License By: _____
Certificate Number: _____
Date Issued: _____



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SECTION 3 – LICENSURE INFORMATION

Do you hold a FPGEC Certificate?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If "Yes," enter number and attach a legible copy
College of Pharmacy	Degree Earned		Date Degree Conferred
Original State of Licensure	Original Date of Licensure		License Number
List any other states, including license number, where you current hold or ever held a pharmacist license:			

SECTION 4 – EMPLOYMENT HISTORY FOR LAST TWO YEARS. ATTACH ADDITIONAL PAGE IF NEEDED.

Employer's Name	Employer City/State	Employer Tel., incl A/C	Dates of Employment
Employer's Name	Employer City/State	Employer Tel., incl A/C	Dates of Employment

SECTION 5 – CRIMINAL ACTIVITY / DISCIPLINARY ACTIONS

La R.S. 37:1216 requires the Board to conduct a criminal history check on applicants as a condition for eligibility for licensure. Upon receipt of your properly completed application, you will be provided with the materials needed to conduct a criminal record search with the Louisiana Department of Public Safety and the Federal Bureau of Investigation (FBI). Criminal history reports generated for or by another agency cannot be accepted to satisfy this requirement.

YOU CANNOT BE SCHEDULED FOR THE IN-PERSON INTERVIEW UNTIL THE RESULTS OF THIS RECORD SEARCH HAVE BEEN RECEIVED.

NOTE: Failure to disclose criminal history is grounds for immediate denial of your application, EVEN IF THE RECORDS HAVE BEEN EXPUNGED.

Have you <u>EVER</u> been arrested in any state?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you <u>EVER</u> had any disciplinary or adverse action (including arrests, citations, or summons) taken against you by any other government agency, law enforcement agency, or court in any state?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently charged with the commission of a felony in any state?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you <u>EVER</u> been convicted of a felony in any state?	<input type="checkbox"/> No <input type="checkbox"/> Yes

If you answered "Yes" to ANY of the questions in Section 5, you must attach the following:

- 1) A letter of explanation AND
- 2) A CERTIFIED COPY of the court judgment in the case for EACH incident. If charges were dismissed, provide a letter from the appropriate agency confirming dismissal of the charges.



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SECTION 6 – IMPAIRMENTS and/or DRUG / ALCOHOL DEPENDENCIES

Have you EVER habitually used or been diagnosed as addicted to drugs or alcohol?	_____ No _____ Yes
Have you EVER been diagnosed with or do you have any physical or mental impairment, which may affect your ability to practice safely as a pharmacist?	_____ No _____ Yes

If you answered “Yes” to ANY of the questions in Section 6, you must attach a letter of explanation.

Affidavit

(Must be completed in the presence of a notary)

I hereby apply for a Louisiana Pharmacist License, by reciprocity from _____ (original state of licensure), to practice as a pharmacist in (or for the benefit of) the state of Louisiana under the provision of LA R.S. 37:1203, *et seq.*

I hereby certify that I have met the following qualifications:

- 1) I have attained the age of twenty one years;
- 2) I am of good moral character and temperate habits;
- 3) I have possessed at the time of initial licensure as a pharmacist all qualifications necessary to have been eligible for licensure at that time in this state;
- 4) I have engaged in the practice of pharmacy as a licensed pharmacist for a period of at least one year OR have met the internship requirements of this state within the one year period immediately previous to the date of this application as indicated by my employment history listed in Section 4;
- 5) I am submitting a written application on this form provided by the Board;
- 6) I will present to the Board via the NABP Official Application, evidence of initial licensure by examination and evidence that such license is in good standing;
- 7) I hereby certify that any other license granted to me by any other state has not been suspended, revoked, or otherwise restricted for any reason except non-renewal of for failure to obtain the required continuing education credits in any state where I am currently licensed but not engaged in the practice or pharmacy;
- 8) I am attaching fees specified by the Board; and
- 9) I will take and pass all examinations required by the Board.

I further certify that all information contained on this Application or required attachments is true and correct.

Sworn to and subscribed before me this _____ day of _____, 20_____.

(Applicant's Signature)

Notary Public Signature

Notary Public in and for:

(Parish / County)

(State)

NOTARY
SEAL

My commission expires on: _____